

**Once approved you will receive an email confirmation.**

**SECTION A**

NAME:	COMPANY:	
MAILING ADDRESS:	DATE OF BIRTH:	
CITY:	PROVINCE:	POSTAL CODE:
TELEPHONE:	EMAIL ADDRESS:	

**The following must accompany this Application Form:**

- *Processing fee payment of \$49.95 +GST*

I acknowledge that upon completion of the CSTC designation, I will complete ongoing continuing professional development starting the year following graduation.

- *75 hours to be achieved over a 3-year time period.*
- *60 of those hours need to be verifiable.*

*Credit Card Number:*

*Expiry Date:*

*CVV:*

*Card Holder Name:*

*Signature:*

***Submit completed form to:***

*Education Administrator  
Alberta Motor Transport Association  
E-Mail: [training@amta.ca](mailto:training@amta.ca)*

